
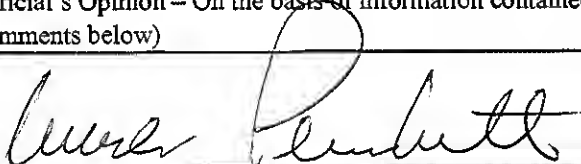




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|----------------------------------|-------------|
| Report Type: | New Entrant |
| Year (Annual Report only): | |
| Date of Appointment/Termination: | 08/13/2018 |

Executive Branch Personnel Public Financial Disclosure Report (OGE Form 278e)

| | | | | |
|--|------------|----|---------------------------|--------|
| Filer's Information | | | | |
| Last Name | First Name | MI | Position | Agency |
| Xenos | Alexander | MI | Public Affairs Specialist | OPM |
| Other Federal Government Positions Held During the Preceding 12 Months: | | | | |
| Name of Congressional Committee Considering Nomination (Nominees only): | | | | |
| Filer's Certification - I certify that the statements I have made in this report are true, complete and correct to the best of my knowledge: | | | | |
| Signature:  | | | Date: 08/21/2018 | |
| Agency Ethics Official's Opinion – On the basis of information contained in this report, I conclude that the filer is in compliance with applicable laws and regulations (subject to any comments below) | | | | |
| Signature:  | | | Date: 8/21/18 | |
| Other Review Conducted By: | | | | |
| Signature: | | | Date: | |
| U.S. Office of Government Ethics Certification (if required): | | | | |
| Signature: | | | Date: | |
| Comments of Reviewing Officials: | | | | |

Instructions for Part 1

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

| Filer's Name | | | | | Page Number | |
|--|-----------------------|------------------|----------------------------|----------------------|-------------|-------|
| Part 1: Filer's Positions Held Outside United States Government | | | | | | |
| # | Organization Name | City/State | Organization Type | Position Held | From | To |
| 1. | isportsworld.com | Williamsburg, VA | Online Sports Opinion Blog | Unpaid Writer | 11/16 | 5/17 |
| 2. | Media Research Center | Reston, VA | Media Watchdog | News Analysis Intern | 05/17 | 08/17 |
| 3. | Media Research Center | Reston, VA | Media Watchdog | Contributing Writer | 12/17 | 01/18 |
| 4. | Western Free Press | Phoenix, AZ | Online News Organization | Team Writer | 3/18 | 08/18 |
| 5. | | | | | | |
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Instructions for Part 2

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

| Filer's Name | | | | | Page Number |
|---|-----------------------|-----|-------|-------------|---------------|
| Part 2: Filer's Employment Assets & Income and Retirement Accounts | | | | | |
| # | Description | EIF | Value | Income Type | Income Amount |
| 1. | Media Research Center | | | Salary | \$5315 |
| 2. | Western Free Press | | | Salary | \$30 |
| 3. | | | | | |
| 4. | | | | | |
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Instructions for Part 3

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

| Filer's Name | | | Page Number | |
|---|-------------------|------------|------------------|------|
| Part 3: Filer's Employment Agreements and Arrangements | | | | |
| # | Employer or Party | City/State | Status and Terms | Date |
| 1. | NONE | | | |
| 2. | | | | |
| 3. | | | | |
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Instructions for Part 4

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

| | |
|--------------|-------------|
| Filer's Name | Page Number |
|--------------|-------------|

Part 4: Filer's Sources of Compensation Exceeding \$5,000 in a Year

| # | Source Name | City/State | Brief Description of Duties |
|-----|-----------------------|------------|--|
| 1. | Media Research Center | Reston, VA | I was an intern and later a contributing writer on the Media Research Center's Newsbusters team. |
| 2. | | | |
| 3. | | | |
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Instructions for Part 5

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

| | |
|--------------|-------------|
| Filer's Name | Page Number |
|--------------|-------------|

Part 5: Spouse's Employment Assets & Income and Retirement Accounts

| # | Description | EIF | Value | Income Type | Income Amount |
|-----|-------------|-----|-------|-------------|---------------|
| 1. | N/A | | | | |
| 2. | | | | | |
| 3. | | | | | |
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Instructions for Part 6

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

| | |
|--------------|-------------|
| Filer's Name | Page Number |
|--------------|-------------|

Part 6: Other Assets and Income

| # | Description | EIF | Value | Income Type | Income Amount |
|-----|----------------------------------|-----|--------------------|-------------|---------------------------|
| 1. | U.S. Bank (Checking and Savings) | N/A | \$1,001 - \$15,000 | Interest | None (or less than \$201) |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
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Instructions for Part 7

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

| Filer's Name | | | Page Number | |
|-----------------------------|-------------|------|-------------|--------|
| Part 7: Transactions | | | | |
| # | Description | Type | Date | Amount |
| 1. | | | | |
| 2. | | | | |
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Instructions for Part 8

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

| | |
|--------------|-------------|
| Filer's Name | Page Number |
|--------------|-------------|

Part 8: Liabilities

| | Creditor Name | Type | Amount | Year Incurred | Rate | Term |
|-----|---------------|------|--------|---------------|------|------|
| 1. | NONE | | | | | |
| 2. | | | | | | |
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Instructions for Part 9

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

| | |
|--------------|-------------|
| Filer's Name | Page Number |
| | |

Part 9: Gifts and Travel Reimbursements

| # | Source Name | City/State | Brief Description | Value |
|-----|-------------|------------|-------------------|-------|
| 1. | | | | |
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